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Policy Development Branch

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THE FOLLOWING RMA SOPS TAKE EFFECT ON 21 JUNE 2021

New conditions	Transverse myelitis Hypogonadism
Revocations & Replacements	Asbestosis Gastro-oesophageal reflux disease IgA nephropathy* Malignant neoplasm of the oral cavity, oropharynx and hypopharynx Pes planus Porphyria cutanea tarda
Amendments	Non-Hodgkin lymphoma

* Renamed – previously mesangial IgA glomerulonephritis

NOTEWORTHY FEATURES

Transverse myelitis

New – 71 & 72 of 2021

- Transverse myelitis (TM) is a rare, acute or subacute, acquired, neuro-immune, spinal cord disorder that is localised to a segment of the spinal cord. It can cause motor, sensory and autonomic dysfunction (weakness, sensory alterations, and bowel or bladder dysfunction).
- The SOP covers TM associated with infections, systemic diseases and drugs, but not spinal cord myelitis associated with wider neurological diseases such as multiple sclerosis, nor localised damage to the spinal cord from e.g. trauma, radiation or local tumour invasion.

Hypogonadism

New – 73 & 74 of 2021

- This new SOP covers a deficiency in oestrogen or egg (ova) production in females and a deficiency in testosterone or sperm production in males. This can be from a problem with the gonads (ovaries or testes) directly or it can be secondary to a pituitary hormone deficiency.
- For the SOP to apply the hypogonadism needs to be of sufficient severity to cause symptoms or require treatment.

Asbestosis

Revocation – 59 & 60 of 2021

Replaces 55 & 56 of 2013

- A revision to the definition removes the requirement for bilateral lung fibrosis. Asbestosis may occasionally be seen with unilateral fibrosis.
- The definition, now, as before, doesn't stipulate any minimum number of asbestos bodies (per cm² of lung tissue), or an asbestos fibre count (from bronchiolar lavage), that are a feature of other standard definitions for asbestosis. This is because any such stipulation would require invasive tests (e.g. lung biopsy) to be performed.
- The diagnosis of asbestosis for DVA purposes requires demonstration of interstitial fibrosis in the lung (usually by high resolution CT scan) in the setting of a history of

substantial, prolonged exposure to airborne, respirable asbestos fibres. An adequate, accurate history of such exposure is therefore crucial to a correct diagnosis (in the absence of a confirmatory lung biopsy). Asbestosis can be difficult to distinguish from other forms of fibrosing interstitial lung disease.

- SOP factor formats have been updated, but there are no quantitative changes and there are no new factors.

Gastro-oesophageal reflux disease

Revocation – 61 & 62 of 2021

Replaces 65 & 66 of 2013

- The definition has been updated, confirming that reflux into the larynx or pharynx is included and adding: some clarity on the extent of symptoms required; some further exclusions; and a note detailing symptoms.
- Some degree of gastro-oesophageal reflux occurs in all persons. It is only considered to be a disease when of sufficient severity to warrant regular medical treatment or cause (histologically confirmed) oesophageal inflammation.
- Changes to factors include: the addition of waist circumference measurements to the being overweight or obese factor; a longer latency period in the surgery to the region factor; and an update to the drugs factor, with separate drug lists for onset and worsening along with a new generic drug factor for worsening only.
- There are new RH only factors for diabetes and for being a wind instrument musician.
- This SOP is also the first to introduce a new pack-year definition for the smoking factor. This will now become the standard definition for all smoking factors that have a dose in pack-years. The definition is for “one pack-year”. That will be the defined term even where the SOP factor requires more (or less) than one pack-year. The requirements in this SOP are “1.5 pack-years” for RH and “3 pack-years” for BOP. It is unusual in SOPs for a defined term not to match (exactly) with wording in a factor. However, there is no change to the way these pack-years smoking factors operate. The factor sets the required dose, the definition facilitates a calculation of that dose for various different patterns of smoking.

IgA nephropathy

Revocation – 63 & 64 of 2021

Replaces 52 & 53 of 2012

- The name of the SOP has been changed, from mesangial IgA glomerulonephritis.

- IgA nephropathy is the most common type of mesangial proliferative glomerulonephritis. It involves deposition of an immunoglobulin (IgA) in a particular structure within the kidney (the mesangium). This is complex diagnostic territory. Renal biopsy is essential for diagnosis.
- Factor changes for infections are:
 - For the RH SOP: adding HIV to the list of specified infections; removing hepatitis A,B and C from that list; and folding in specific bacterial infections to that list in place of the previous standalone bacterial infections factor.
 - For the BOP SOP, the previous bacterial infections factor has been removed (and there was and still is no other specified infections factor).
- There are also revised lists for the specified autoimmune diseases factor, with one addition (rheumatoid arthritis) and one deletion (Bechet’s disease) in the RH SOP and a reduction in the BOP SOP from six conditions to two.
- There is a new factor for taking biological agents for the treatment of cancer or autoimmune disease. Biological agent in this context means a prescribed therapeutic drug derived from living organisms and belonging to the biological agents class of drugs.
- The previous stem cell or organ transplant factor is now restricted to kidney transplant only.
- Coverage for being overweight has been added to the BOP SOP, for worsening only (previously the factor was for obesity only).
- The SOP also has the new one-pack year definition for smoking as discussed above.

Malignant neoplasm of the oral cavity, oropharynx and hypopharynx	Revocation – 65 & 66 of 2021 Replaces 1 & 2 of 2013
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- The definition has been recast, but SOP coverage is unchanged. The notable exclusion in this SOP is cancer of a salivary gland, which has its own SOP.
- The smoking factor now has the new “one pack-year” definition - see the commentary above for gastro-oesophageal reflux disease.
- A passive smoking (second hand smoke) factor has been added to the BOP SOP (previously RH only).
- The chewing betel quid or areca nut factor now has a shorter duration requirement (1 year, previously 5 or 10), but use must now be every day (previously on more days than not). Betel quid (areca nut, betel leaf, slaked lime and other ingredients – also known

as paan) is an addictive stimulant and psychoactive preparation that is very commonly used (chewed) particularly in south Asia (Pakistan, India, Sri Lanka and elsewhere).

- The doses for the alcohol consumption factor have been reduced (from 100 to 50 kg in RH and 150 to 100 kg in BOP), but that consumption must now be within a 10 year period and at least 5 years before disease onset.
- The previous leukoplakia/erythroplakia factor has been expanded to cover additional oral lesions and a separate new factor for an oral lesion due to systemic lupus erythematosus has been added.
- The (RH only) asbestos factor has been extended to now cover oral cavity cancer (previously oropharynx and hypopharynx only).
- There is a new RH only factor for obesity.

Pes planus

Revocation – 67 & 68 of 2021

Replaces 45 & 46 of 2012

- Pes planus is flat feet. Children are born with flexibly flat feet. The medial longitudinal arch of the foot develops during the first decade of life. This arch may not develop normally (congenital or developmental pes planus), or it may form and be subsequently lost or partially lost (acquired pes planus).
- The SOP covers all these types of pes planus. The SOP definition also requires the condition to be symptomatic or to require treatment.
- The previous SOP had separate definitions for acquired and congenital/ developmental forms and onset factors that were restricted to acquired pes planus. That is no longer the case on paper. It is still the case in practice that onset factors can only apply to acquired pes planus, as congenital or developmental forms will predate service. SOP worsening factors can potentially apply to congenital or developmental pes planus.
- Factor changes include:
 - adding osteonecrosis to the factor for fracture; and
 - restricting the various trauma/injury/surgery factors to apply only to those structures that make up or support the medial longitudinal arch (rather than the affected foot more generally).
- There is a new factor for posterior tibial tendinopathy, linking to the recently made SOP for that condition.
- There is a new RH only factor for pregnancy.

- Previous worsening only factors for running/jogging and walking while carrying loads now apply for RH only (previously RH and BOP).

Porphyria cutanea tarda

Revocation – 69 & 70 of 2021

Replaces 43 & 44 of 2012

- The definition has been rewritten but SOP coverage is unchanged.
- A previous factor for sunlight or UV light exposure has been removed. Light exposure can trigger an episode of the condition but does not cause the condition.
- In the alcohol consumption factor the required doses have been increased by a third.
- There is a new factor for alcohol use disorder.
- Viral hepatitis has been moved from the liver diseases factor to a viral infections factor.
- A factor for having a hepatocellular tumour has been removed.
- A previous separate oestrogen factor has been folded into the specified drugs factor.
- The specified drugs factor has a shortened list of drugs.
- The previous factor for specified aromatic hydrocarbons is now restricted to just hexachlorobenzene (a fungicide previously used to treat seeds – now banned).
- The TCDD (dioxin) factor has been removed from the BOP SOP.

Non-Hodgkin lymphoma

Amendment – 75 & 76 of 2021

Amends 90 & 91 of 2018

- The amendment is to the Epstein-Barr virus factor. The previous requirement for infection “at the time” has been replaced by infection “before” clinical onset.
- Epstein-Barr virus infection is very common, with > 90% of adults seropositive for past infection. Acute infection is also frequently asymptomatic. The only practical way to relate Epstein-Barr virus to service will be if there has been a documented, symptomatic, acute infection with laboratory confirmation, which will be covered by the acute infectious mononucleosis SOP.

Contact for this bulletin:

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